

2011 Dental Infection Control Survey (Project #11 - 02) (7/11)

The goals of the USAF Dental Service Infection-Control Program are to protect the health of all patients and dental health-care personnel (DHCP) and to comply with applicable federal, state, and local regulations governing infection control, job safety, and management of regulated medical waste. Although the dental infection control officer and/or dental noncommissioned officer are responsible for the overall management of the program, creating and maintaining a safe work environment ultimately requires the commitment and accountability of all DHCP.



Infection-control practices are changing because of advances in technology such as dental unit waterline products and safety devices to protect patients and DHCP. Infection-control updates are continually published in the literature. To better understand the current state of infection-control practices in the United States Air Force Dental Corps, a comprehensive survey was mailed to all dental clinics in March 2011. There was a 100% response rate.

FINDINGS:

The following comments represent some of the highlights of the survey.

1. Clinical personnel are assigned to the necessary infection-control duties and most clinics have a representative who has attended formal training in dental infection control.
2. Most clinics have the required and recommended guidelines and standards available.
3. All clinics have a written exposure control plan.
4. All clinics provide initial and annual infection-control training.
5. Personal protective equipment was widely available for use by dental clinic staff members.
6. All clinics use surface barriers to protect clinical contact surfaces. All clinics use intermediate-level (i.e., tuberculocidal) environmental surface disinfectants to clean and disinfect non-barrier protected environmental surfaces.
7. All clinics have a centralized instrument-processing area, with a substantial amount of clinics having two or more rooms.
8. For cleaning instruments, many clinics used tabletop ultrasonic cleaners. In addition to tabletop ultrasonic cleaners, almost all clinics had either an instrument washer or thermal disinfectant.
9. All facilities use biological indicators (i.e., spore tests) at least weekly for sterility assurance. Most clinics exceed this recommendation and test the sterilizers daily.

10. All clinics follow recommendations to improve dental unit water quality and have independent water reservoirs (or equivalent equipment) attached to each dental unit. A substantial amount of clinics monitor the quality of the dental treatment water.
11. All clinics have a written protocol for reporting and treating occupational exposure incidents.
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13. All clinics use work practice or engineering controls to decrease occupational exposures.
14. A variety of methods are used to evaluate infection-control programs in USAF dental clinics: sterilization monitoring programs, inspections, dental unit waterline monitoring, and health-care-associated infection surveillance.

USAF Dental Personnel may request a complete copy of the survey results by [clicking here](#).

SUMMARY AND CONCLUSIONS:

The area of dental infection control is constantly changing, and it is important that all DHCP have the most up-to-date information on policies and procedures to prevent work-related injuries and illnesses in health-care personnel as well as health-care-associated infections in patients. Dental infection-control programs should embody the principles of infection control and occupational health, reflect current science and adhere to relevant federal, state, and local regulations and statutes. USAF dental clinics reported high levels of compliance with current infection-control policies and procedures. Recurrent training, continual oversight, a highly motivated staff and teamwork are essential for reaching and maintaining these levels.

